

**2011 GREAT BASIN NOMINATION FORM
INCIDENT MANAGEMENT TEAMS**

APPLICANT BASIC INFORMATION:

Applicant Name: _____

Sponsoring Agency: _____

Dispatch Center: (i.e. ID-BDC) _____

Unit Identifier: (i.e. ID-BOF) _____

Phone: _____

Cell Phone: _____

Office Fax: _____

E-mail: _____

Portal-Portal: YES ☐ NO ☐AD: YES ☐ NO ☐New Applicant: YES ☐ NO ☐Reapplying: YES ☐ NO ☐

Team Name: _____

POSITION(S) APPLIED: *(Be sure to list ALL positions that you would like to be considered for)*

PREFERENCE	POSITION NAME	TEAM TYPE (IMT1, IMT2, BUYT)	POSITION STATUS (Primary, Trainee, Shared)	If in a shared position, list name(s)
1				
2				
3				

**CURRENT INCIDENT QUALIFICATION AND CERTIFICATION SYSTEM (IQCS)
MASTER RECORD OR AGENCY EQUIVALENT MUST BE ATTACHED.**

COMMENTS: (BUYT's include your purchase authority)**ALL RISK PARTICIPATION*:**I am available for non-fire "All Hazard" assignments. (Please circle) **YES** **NO****AGENCY REPRESENTATIVE APPROVAL:**

Agency Representative Signature: _____

Date: _____

Print Name: _____

Title: _____

APPLICANT SIGNATURE:

A selected applicant is committed for 3 years as a member of an Incident Management Team. Shorter commitments may be negotiated prior to selection to a team. Commitments for trainees are for the period necessary to meet training requirements.

Applicant Signature: _____ Date: _____

Print Name: _____

I concur with the goals, commitment, and availability of the applicant for the position(s) applied.

SUPERVISORY APPROVAL SIGNATURE:

Immediate Supervisor Signature: _____

Print Name: _____ Date: _____

AND

Sponsoring Agency Fire Management Officer: _____

Print Name: _____ Date: _____

Applicant or Supervisor Remarks:

REVIEW AND REFERRAL FOR OUT OF GEOGRAPHIC AREA RESOURCES:

I have reviewed this application and the candidate is qualified for the position(s). I acknowledge and approve that this individual has applied for a position on an out of area Incident Management Team.

Geographic Area Coordinating Group Approval Signature: _____

Print Name: _____ Date: _____

Eastern Great Basin Center Manager: _____

Print Name: _____ Date: _____

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